WORLD HEALTH ORGANIZATION

TOBACCO ALERT

JULY 1994

EDITORIAL

There are over one billion smokers in the world today. If current smoking patterns persist, about half a billion people currently alive will be killed by tobacco, and about half of them, 250 million people, will die in middle age. The looming tobacco epidemic is of unprecedented proportion in the history of public health. The fact that the epidemic has progressed slowly, over decades, has only made it all the more insidious and difficult to control.

Through our Tobacco or Health programme, WHO is doing all it can to help document the epidemic and assist Member States in slowing down its progress. But the problem is so big and widespread that neither WHO, nor any other institution acting alone, can hope to effectively do the job. WHO needs partners in public health to support its efforts and convey the message about the dangers of tobacco. The challenge is therefore one of effective communication. And no partner can help WHO communicate more effectively than the media.

Already, the media have been enormously helpful. All around the world, largely thanks to the media, most people have become aware of at least some of the health dangers of tobacco. A remaining challenge is to effectively communicate about the breadth and seriousness of these dangers.

The media have also been helpful in developing programmes for the prevention and cessation of smoking. Where such programmes have been closely monitored and evaluated, the media have been shown to be a key element in improving the effectiveness of community-based smoking prevention and smoking cessation efforts.

I believe that, in future, the commitment of the media to support tobacco control activities will be decisive, not just to alert people to the dangers of tobacco use, but also to back legal and fiscal measures, such as controls on tobacco use in public places and workplaces, bans on advertising, and higher tobacco taxes, together with all other initiatives aimed at countering the image of tobacco use as socially acceptable behaviour. In different countries, decisions by the media to refuse tobacco advertisements have had powerful influence in encouraging governments to adopt comprehensive tobacco control policies, including tobacco advertising prohibitions.

Of course, WHO very much appreciates the support of the media in other areas of its public health work. But there is an important difference. There are no large multinational industries spending billions of dollars to peddle the human immuno-deficiency virus or tuberculosis to millions of vulnerable adolescents.

Now, this is exactly the problem we face with tobacco. In the face of a worldwide offensive on the part of the tobacco industry, supported by billions of dollars of spending on tobacco advertising and marketing, those leading the fight against tobacco use often have great difficulty in making themselves heard.

Yet there are some very important messages which need to be heard around the world. Perhaps the most important is how the tobacco epidemic is rapidly spreading and even shifting to developing countries. Right now, about one-third of the three million tobacco-caused deaths that occur annually are in developing countries. According to current smoking trends, the total number of deaths related to tobacco use will grow to about ten million in three decades and, proportionally, the developing country share will grow even faster, increasing to seventy per cent of all tobacco-caused deaths.

Media support in disseminating lessons learned from past experience and uniting people's efforts will continue to be a key element in achieving success in our struggle against tobacco use, the most harmful of all man-made epidemics.

By rallying to the cause, together with WHO and other public health agencies, the media will greatly enhance the impact of our health message. The media are in a position to give the tobacco control message the resonance and credibility it deserves. We in WHO trust that, following this World No-Tobacco Day, 1994 will be a time for us to work out together the best way to use public information to support our common battle against tobacco use.

Speech delivered by ***Dr N.P. Nepalkov****, Assistant Director-General, WHO, on the occasion of World No-Tobacco Day 1994*

It has long been recognized that use of tobacco causes more deaths than all the other drugs of abuse combined. WHO estimates that there are currently three million deaths caused by tobacco every year. Moreover, there is clear evidence that tobacco is all too often the gateway through which young people pass on their way to the use of other drugs. In the United States, it has been estimated that young cigarette smokers are eight times more likely to use cocaine than their peers who never smoked. The numbers may differ, but tobacco use is probably a significant gateway to illicit drug use in other countries as well.

Now, WHO intends to take a comprehensive approach to the prevention and reduction of harm from all problems of substance abuse. As part of the restructuring of WHO, the Tobacco or Health programme has joined the Programme on Substance Abuse. We are confident that this new administrative arrangement will be mutually beneficial, and our efforts at primary prevention of tobacco use, as well as prevention of alcohol abuse and abuse of other drugs, will all be strengthened.

Of course, a key to all substance abuse prevention is the prevention of tobacco use. The evidence is compelling that adolescents who never start smoking tobacco will be far less likely to embark on other forms of substance abuse. So prevention of tobacco use benefits public health doubly. Young people will benefit not only from lives free of tobacco addiction, but they will also be more likely to benefit from lives free of all other forms of drug addiction.

So I warmly welcome the Tobacco or Health programme to WHO's Programme on Substance Abuse, and I am pleased and honoured to lend my support to this celebration of World No-Tobacco Day 1994. I believe that this day has proven itself to be a very significant event in raising worldwide awareness of the hazards of tobacco use and the benefits of a smoke-free life. This year, we are counting on the media to help us by effectively communicating information worldwide on the seriousness of the tobacco epidemic. Effective communication is a critical early step along the road to eventually reducing the death and harm caused by tobacco and other drugs of abuse.

Speech delivered by ***Hans Emblad****, Director, Programme on Substance Abuse, WHO, on the occasion of World No-Tobacco Day 1994*

COUNTRY PROGRAMME

SPAIN: POLICY STRATEGIES AT THE REGIONAL LEVEL

Over 70 public health leaders from 15 European countries attended a four-day conference in Valladolid, Spain, at the invitation of the autonomous region of Castilla y Leon and the World Health Organization, to discuss the epidemiology of tobacco use and prevention strategies.

"This conference has addressed some of the most pressing topics in tobacco control in the European Region: the role of the mass media, the increase of smoking in young women, the worsening health situation in Central and Eastern Europe, and the urgent need for a tobacco advertising ban", said Dr Jose Antonio de Santiago-Juarez, Director of Public Health of Castilla y Leon and host of the conference.

"The autonomous region of Castilla y Leon has made a valuable contribution by providing an opportunity to develop a regional strategy on tobacco. This question has never been raised in Europe before at the international level", said Dr Anna Ritsatakis, WHO European Regional Adviser responsible for health policy. "The transfer of knowledge between regions can strengthen each region's efforts to achieve health for all", she concluded.

The conference made two main recommendations for all European regions to promote a healthier tobacco-free future:

- Regions must have a systematic plan for tobacco control with a range of activities and a consistent policy.
- Regions cannot reduce the health damage caused by tobacco without devoting financial and human resources.

The WHO Regional Office for Europe suggests that a 1% levy should be imposed on tobacco products which should then be used for health promotion and tobacco control. This has been proven to be an effective way to raise funds needed in Australia, California and Finland.

The conference participants resolved to send a letter to their regional and national parliaments calling for action on two key strategies as promoted by the WHO Action Plan for a Tobacco-free Europe: introduction of a ban on all direct and indirect tobacco advertising, and effective measures to provide protection from involuntary exposure to tobacco smoke in public places, workplaces and schools as essential components of a successful tobacco control strategy.

Dr Ana Alvarez, coordinator of the tobacco action plan in Castilla y Leon and organizer of the conference, noted that "Many of these recommendations have been implemented in our region since the early 1990s. From 1989, the smoking rate here has declined by 4%. It is clear, however, that we are far from our regional target of 70% of nonsmokers in the population. We need to take further measures if we really want to achieve our target."

Ms Manuela Ballestin of the Barcelona City Health Department emphasized the importance of limiting pro-smoking messages directed at children, by increasing awareness of the dangers of smoking and including schools as a setting within a comprehensive tobacco control policy.

The conference highlighted how health professionals can support smokers to quit smoking. Simple advice from a medical doctor can encourage many patients to stop. The smoking cessation center in Burgos, Castilla y Leon, has trained more than 500 health professionals in smoking cessation in just two years.

NEWS BRIEFS

A NEWSLETTER FOR THE MIDDLE EAST ...

A bilingual newsletter – in Arabic and English, will from now on constitute a valuable tool for all those working to combat tobacco use in the Middle East. Published by the International Union against Cancer, this newsletter, whose Editor-in-Chief is Professor Sherif Omar, enumerates in its January 1994 issue the various possible ways of reducing tobacco-related mortality.

Stressing in its preamble that success necessarily involves concerted action by the authorities, the medical profession and the public, the newsletter points out that raising the price of cigarettes is undoubtedly the most effective way of reducing consumption and hence the incidence of smoking-related diseases.

The newsletter also highlights the repercussions of tobacco production in developing countries, ranging from deforestation and soil erosion to the successful efforts of manufacturers to increase consumption and hence their profits in poor countries. In this connection, it is pointed out that cigarette consumption fell by 6.2% in western countries between 1986 and 1991, whereas it rose by 17.4% in the same period in developing countries.

... AND FOR SPAIN

In the framework of the Tobacco Control Programme recently started by the Health Department of the autonomous Government of Madrid, a new quarterly newsletter has just been launched in the Spanish capital. Intended for distribution free of charge to a target group of 7000 health professionals, journalists and politicians, it will contain 20 pages of information and news on the various health, economic and social aspects of tobacco control, together with a selection of abstracts of scientific research published in the international literature. This newsletter will be of high quality and its promoters aim to make it "at least as attractive as the publications of the tobacco industry". Its title will be "Tabaco Hoy", which means "Tobacco Today".

IN THIS ISSUE

COUNTRY PROGRAMME 2
WHO/IOC 3
WHO/TOH PROGRAMME 4
MULTISECTORAL COLLABORATION 5
WORLD NO-TOBACCO DAY 1994 8
LEGISLATION 11
IARC 12

WHO/IOC

SPORT AND HEALTH FOR ALL: WHO AND IOC STRENGTHEN THEIR COOPERATION

The World Health Organization (WHO) and the International Olympic Committee (IOC) have decided to collaborate more actively in order to reach their common goal: Health for all and sport for all by the year 2000. A number of activities are planned in various fields of health. Apart from the dissemination of WHO materials through IOC national structures to promote health through physical exercise in the family, other proposals include encouraging Olympic and former Olympic champions to act as role models.

This increased collaboration between the two Organizations was announced following a joint WHO/IOC working session which was organized during the 47th World Health Assembly meeting in Geneva. Mr Juan Antonio Samaranch, President of the International Olympic Committee later addressed the Assembly, at the invitation of Dr Hiroshi Nakajima, WHO's Director-General.

Recalling that the General Assembly of the United Nations had proclaimed 1994 International Year of Sport and the Olympic Ideal, the President of IOC said to the delegates from 187 WHO Member States: "The Olympic movement, which is part and parcel of our society, has the moral obligation and the duty to work with you, with a view to easing your task – the direct responsibility for health policy."

President Samaranch also referred to the collaborative agreement recently signed by IOC and WHO, which resulted in the joint organization last month in Punta del Este, Uruguay, of the Fifth World Congress on Sport for All, entitled this year "Sport for all and health for all". The final declaration had stressed that "The positive effect of sport and physical exercise for the physical, mental and social well-being of all human beings, as well as the need to promote them as an essential part of a lifestyle which ensures health protection and promotion and prevents disease and disability."

The presence of the President of IOC at the World Health Assembly is part of the strengthened cooperation between IOC and WHO, thanks to which, among other things, all the Olympic games since Calgary in 1988 have been tobacco free. In addition to the joint collaboration already mentioned, other activities are planned in the field of prevention of cardiovascular diseases, promotion of healthy lifestyles and doping prevention. WHO and IOC will cosponsor the World Forum on Physical Activity and Sport to be held in Quebec, Canada, in May 1995, under the aegis of UNESCO, as well as the next World Congress on "Sport for all and health for all" in 1996 in Seoul.

IOC will also cosponsor World No-Tobacco Day 1996: Sport and the Arts without tobacco.

NEWS BRIEF

NO-SMOKING FOOTBALL IN PAKISTAN SPONSORED BY WHO

Although footballers rarely smoke on the pitch, some players all too often indulge in the habit outside the stadium. To draw their attention to the dangers of smoking and to promote healthy lifestyles with physical exercise, a no-smoking football tournament was organized from 6 February to 20 April 1994 in Rawalpindi, Pakistan, sponsored by WHO. Twelve teams representing several foreign embassies, Pakistani ministries and Islamabad football clubs competed in this tournament and the winner was awarded a WHO Cup.

Throughout the competition, health promotion messages were addressed to the organizers, players, trainers and public, both in the stadium and through the media. The aim in particular was to encourage people of all ages to take at least an hour's exercise every day, without smoking, of course. Every team was also asked to include at least two elderly players, in order to encourage the inclusion of this category of the population in this type of health promotion activity. Judging by the impact of the tournament in the Pakistani media, this event, inaugurated with a message from Dr Hussain Gezairy, Regional Director of the WHO Regional Office for the Eastern Mediterranean, was an outstanding success.

READEX
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WHO/TOH PROGRAMME

STRENGTHENING TOBACCO CONTROL
WHO MISSIONS TO MEMBER STATES, 1991 TO 1994

Since 1970, the World Health Assembly has adopted 13 resolutions on various tobacco and health issues. Taken together, they are a clarion call to Member States to adopt comprehensive national tobacco control policies. Several of these resolutions, especially those of 1986 (WHA39.14) and 1990 (WHA43.16) specify in some detail *what* should be included in national tobacco control policies. But even if Member States have received clear advice from the World Health Assembly on *what* is to be included in their tobacco control policies, many of them are experiencing great difficulty in determining *how* comprehensive national tobacco control programmes and policies are to be achieved.

That is why WHO's regional offices and its Tobacco or Health programme in headquarters have devoted a good deal of effort to providing on-site advice and assistance to Member States in working along with public health officials in various countries to solve the central problem of tobacco control – *How* are comprehensive tobacco control policies to be implemented? For many years, WHO has been providing on-site assistance to Member States, to strengthen their tobacco control policies, but activities intensified in the 1990s. Since 1991, WHO personnel or consultants have provided on-site advice and assistance with the development of tobacco control policies to at least 26 Member States. In some cases, a team of experts, drawn from WHO, other Member States and/or various other international agencies provided advice and assistance. In all cases, WHO was responding to requests from Member States for help in strengthening their tobacco control policies. A list of the twenty-six countries that have recently benefitted from recent WHO tobacco or health missions is shown in Table 1.

Table 1

Strengthening national tobacco control programmes
WHO missions to Member States
1991–94

1991
Cyprus
Guam
Micronesia
Mongolia
China

1992
Fiji
Samoa
Hungary
Poland
Czech Rep.
Lithuania
Bangladesh
Nepal
India
Thailand

1993
Albania
Moldova
Latvia
Poland
Czech Rep.
Slovakia
Côte d'Ivoire
China
Laos

1994
Singapore
Slovenia

How is the effectiveness of these missions to be evaluated? To begin, the potential worth of this activity is beyond dispute. Comprehensive tobacco control involves changes in health, social, economic and legal structures. In all of these domains, each country has unique structures and systems. General principles that can be derived from international tobacco control experience cannot be applied directly, but adapted to each national situation. While publications and international conferences can help, there is no substitute for implementing tobacco control activities where they count the most – in each country.

Has real change taken place as a result of these WHO tobacco or health missions? In many countries, tangible policy change certainly has occurred. In others, even if policies may have changed little, at the very least awareness of how to implement tobacco control policies has increased, and the missions may yet pay further dividends later on in the form of future policy and programme changes.

Still, there are many examples of strengthened tobacco control policies that have been implemented following WHO missions. In most cases, support from WHO probably only contributed to national forces that were already at work to promote improvements in tobacco control policy. In Nepal, there are now effective controls on smoking in public places, workplaces and transit vehicles. Tobacco taxes have also been increased, with the new revenue going to finance desperately needed improvements in health care and health protection. In China, a partial ban on tobacco advertising is in force and smoking has been banned on passenger flights. Full-time tobacco or health policy coordinators have been appointed to the health departments in India and Côte d'Ivoire. In Slovakia, a ban on tobacco advertising has been passed into law, and a stepped-up enforcement strategy is now in place to help move towards full implementation of the law. Lithuania, by government decree, has banned tobacco advertising. And Mongolia has adopted comprehensive tobacco control legislation. These are only a few of the many examples of tobacco policies that have been strengthened following WHO tobacco or health missions to each country.

It has been demonstrated that WHO can successfully assist Member States to strengthen their tobacco control policies and programmes. But a great deal of work remains to be done. Tobacco control policies are vigorously opposed, mainly be the tobacco industry, everywhere where their implementation is attempted.

WHO would welcome partnerships with other agencies to ensure that all Member States who request help from WHO can get the expert advice and assistance they need from international sources to help them develop and maintain strengthened national tobacco control policies and programmes. Through concerted international collaboration to provide on-site expert advice and assistance in how to implement tobacco control strategies, all WHO Member States could eventually take advantage of the opportunity to implement the comprehensive tobacco control policies that have been recommended by the World Health Assembly.

MULTISECTORAL COLLABORATION ON TOBACCO OR HEALTH*

Background

The governing bodies of WHO, through a number of resolutions and decisions, have long urged its Member States to adopt a multisectoral approach at the national level in promoting effective policies against tobacco use, to solve the serious actual or anticipated health problems caused by tobacco use in their countries. In addition, it was felt that the same approach should also be followed at the international level.

In this context, the World Health Assembly, noting the relevance of collaboration within the United Nations system on the issue of tobacco or health, adopted resolution WHA45.20 on *Multisectoral Collaboration on WHO's Programme on Tobacco or Health*, requesting the Economic and Social Council of the United Nations (ECOSOC) to discuss the subject of tobacco or health. ECOSOC adopted resolution 1993/79, and in response to this resolution, the Secretary-General of the United Nations established, under the auspices of WHO, a focal point on the subject of multilateral collaboration on the economic and social aspects of tobacco production and consumption, taking into particular account the serious health consequences of tobacco use.

Given UNCTAD's mandate in the area of commodities and the need to examine the economic adjustments that countries may need to take into account in the follow-up to the resolution, a focal point within UNCTAD was designated to undertake the coordination and follow-up responsibilities.

The work of the United Nations focal point

The focal point has been operational since the end of 1993 and has contacted agencies and United Nations Programmes and Departments, other intergovernmental and nongovernmental organizations.

Of the 36 agencies and programmes contacted, so far 20 have sent replies and, among these, six have submitted individual plans of work or equivalent documentation (FAO, ICAO, UNCTAD, UNICEF, UNIDO and WHO), while another five (ILO, The World Bank, UNESCO, ITC and DESIPA) manifested a keen interest in cooperating with WHO and the focal point in the development of programmes to reduce tobacco consumption. Other organizations (ECE, ECLAC, ESCAP, IMO, UNDP, UNEP, UNFPA, WFP and WMO), while supportive of the aims of the resolution, considered that the scope of work fell outside their areas of competence or that they had neither mandates nor resources to submit individual plans of work.

WHO

WHO has endeavoured to move the tobacco or health agenda towards the problem of developing countries which can still avoid the looming tobacco epidemic. A global strategy of health protection and promotion will give priority to women and children.

WHO activities will be accomplished with current resources from WHO's regular budget and extrabudgetary funds from various sources.

All WHO regional offices are very active in supporting tobacco control efforts of Member States, providing support, including the sponsorship of regional meetings, the distribution of publications dealing with tobacco control subjects and the eventual employment of consultants.

Several countries have tobacco control programmes and are very active in the effort to promote a tobacco-free society and to establish non-use of tobacco as normal social behaviour. WHO will seek to increase the number of countries with national programmes for the prevention and reduction of tobacco use to 50% of Member States, by the year 2000.

FAO

FAO's work on tobacco on behalf of member governments falls into two broad areas, namely production and marketing.

Because of its relatively high price, short production cycle and suitability for using surplus labour, tobacco is often a very attractive crop for smallholders. However, if production and use of tobacco are to be reduced, because of its negative health effects worldwide, producers, especially smallholders, will need to diversify their production systems in favour of other high-return cash crops in order to protect their livelihoods. Since it is unlikely that any single crop could replace tobacco as a comparable income source, it is necessary to consider a wide range of lesser cash crops to serve specialized market niches. FAO stands ready, subject to the availability of funds, to respond to the request of any member government wishing to investigate options for diversification away from tobacco products.

In its commodity analysis work, FAO regularly monitors the marketing situation and outlook for tobacco, and can provide, on request, information on market opportunities for alternative crops.

In its response, FAO also suggested that the focal point on tobacco or health should make concrete proposals for interagency consultation and system-wide collaboration, taking into account the fact that individual plans of work were already being developed within the programmes of work and budgets of the various agencies, but these referred to sectoral activities. The question is how to advance a multisectoral programme. There was also the issue that poverty and malnutrition may be linked to greater health risks for a larger number of people (particularly in developing countries) than tobacco. This might indicate that multisectoral priorities would have to take such considerations into account.

UNCTAD

The UNCTAD Secretariat is in the process of preparing a report in pursuance of paragraph 6 of the resolution, in which the Council:

"**Suggests** that a review of the recommendations concerning the impact of tobacco production on the economy of tobacco-producing countries, in particular those that depend on tobacco as a major source of income, as well as the impact of tobacco consumption on health, be included in the multisectoral collabo-

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* The information in this report is mainly based on the Report of the Secretary-General of the United Nations on the "Progress made on the implementation of multisectoral collaboration on tobacco or health", for the 1994 substantive session of the United Nations Economic and Social Council.

[continued from page 5]

nation work coordinated by the focal point."

The report will deal only with the economies of tobacco-producing countries and will cover the following aspects:

a) **Production and export earnings**. Involving a detailed analysis of national and global statistics of the tobacco sector.

b) **Income, employment and resources used in tobacco production and manufacturing**: Growers' and manufacturers' earnings and total earnings expressed as percentages of GDP; returns net of costs; discussion of labour and skills; analysis of the workforce and/or workers dependent on income from tobacco; numbers employed expressed as percentage of national workforce and/or those dependent as percentage of total population; discussion of the size of holdings, tenure and distribution of benefits, regional and social significance of production and manufacturing, etc.; wood and other fuels used in flue curing; irrigation and other resources used.

c) **Government revenue from tobacco and subsidies for tobacco production**: Taxation at all levels and income from state-run marketing boards; discussion of taxation of ancillary services; revenues directly and indirectly derived from tobacco expressed as percentage of total government revenues and allocation of tax revenues; subsidies through agricultural support programmes, etc.

Furthermore, depending on the availability of extrabudgetary resources, the UNCTAD Secretariat would envisage making a contribution to the implementation of the objectives listed in operative paragraph 7 of the Council resolution, which:

"Invites Member States and organizations of the United Nations system to develop a range of options, including bilateral and effective multilateral collaboration on agricultural diversification or development of other economic alternatives to the tobacco agriculture, as appropriate, to assist economies for which tobacco is a major export, where demand for their tobacco products has decreased as a result of successful strategies for tobacco control."

UNIDO

UNIDO is ready, subject to the availability of funds, to provide advice to Member States at their request, in accordance with ECOSOC resolution 1993/79.

UNIDO fully agrees "that a review of and recommendations concerning the impact of tobacco production on the economy of tobacco-producing countries, be included in the multisectoral collaboration work coordinated by the focal point."

However, UNIDO's position on the reduction of tobacco production is based on the fact that tobacco growing is just one component in an agro-industrial system, and that any adequate alternative must address all aspects of the entire system, including the marketing aspect.

Therefore, UNIDO would suggest preparing a comprehensive study on the impact of the entire tobacco agro-industrial system on the economies of countries involved in its production, in terms of agricultural and industrial outputs, contribution to the gross domestic product and the national budget, tax revenues, and employment in both the agricultural and the industrial sectors.

ICAO

The Assembly of the International Civil Aviation Organization (ICAO) at its 29th Session, on 8 October 1992, adopted Resolution A29-15: "Smoking restrictions on international passenger flights". Given the fact that 7 December 1994 marks the 50th anniversary of the signing of the Convention of International Civil Aviation in Chicago, a date declared International Civil Aviation Day, the ICAO Secretary-General has called on Member States to take steps by that date towards implementing the smoking ban for all flights.

At the present time, ICAO is complying with the request of its Assembly that the ICAO Council intensify its studies into the safety aspects of banning smoking on board aircraft. As part of these studies, the secretariat is sending a questionnaire to ICAO Member States asking for information on experience, concerns, views and intentions related to smoking bans on board aircraft. It plans to complete its analysis of States' replies by May 1994, at which time it will be able to report further on the findings from the study.

The resolution also requested the Council, with the assistance and co-operation of WHO, to take appropriate measures to promote a smoke-free travel environment on all international flights. ICAO is fully committed to the United Nations multisectoral collaboration on tobacco or health.

ILO

ILO indicated that as a tripartite organization in which workers' and employers' organizations are represented on an equal footing with governments, its contribution to this joint effort would consist principally in helping to make relevant information available to workers and employers. Although it will not be submitting a specific work plan, it stands ready to promote widespread public awareness of multisectoral collaboration in this area.

UNESCO

UNESCO informed the focal point that its programme against drug abuse is aimed at the prevention through education of the abuse of both illicit and licit drugs, including tobacco. In conformity with the orientation of this programme, UNESCO has supported the actions of other institutions on tobacco control. In addition, the UNESCO Medical Service, in cooperation with the Preventive Education Unit and the Bureau of Personnel, set up a task force to reflect upon the programme of tobacco in the workplace. A survey among the staff members resulted in a partial restriction on smoking within UNESCO, as decided by the Director-General. UNESCO is ready to cooperate with the focal point in matters relevant to education for the prevention of the abuse of tobacco in fulfilment of ECOSOC resolution 1993/79.

DESIPA

The Statistical Division of the Department (UNSTAT) has worked closely for

many years with WHO to improve the compilation and dissemination of statistics of tobacco production, consumption and trade, and the incidence of smoking. Available data are published regularly in general statistics publications such as the *Statistical Yearbook*, *The World's Omen: Trends and Statistics*, *Compendium of Social Statistics and Indicators* and the *Industrial Statistics Yearbook*. The Division is also considering publishing available data in its women's database (WISTAT), to be issued this year. UNSTAT also provides WHO with general economic and social data for analysis of tobacco and smoking in their social and economic context. Thus, UNSTAT would like to be actively involved in any multisectoral activities undertaken in this field pursuant to the resolution, with a view to further developing this very important area of statistics.

Responses from other intergovernmental organizations

In addition to the above-mentioned organizations and agencies of the United Nations system and departments, the focal point also contacted intergovernmental organizations, of which the following have replied:

- African Development Bank
- Arab Fund for Economic and Social Development
- Board of the Cartagena Agreement
- Caribbean Community
- Caribbean Development Bank
- Commonwealth Secretariat
- Cooperation Council of the Arab States of the Gulf
- European Union
- Inter-American Development Bank
- Islamic Development Bank
- Latin American Economic System
- OPEC Fund for International Development
- Organization of African Unity

In general, the organizations contacted were supportive of the text and objectives of the resolution.

The European Commission welcomes the UN initiative on tobacco and health and hopes that it will be able to contribute to the furtherance of the resolution with the European Region.

The European Commission has, for several years now been involved in the fight against tobacco use within the framework of its "Europe against Cancer" programme.

The African Development Bank, the Caribbean Development Bank, the Inter-American Development Bank, and the Islamic Development Bank, replied that although they had provided some financing to tobacco activities in the past, they had stopped supporting tobacco projects. The Caribbean Development Bank reported that a loan was made to a company engaged in tobacco operations to assist it in diversification away from tobacco. The Islamic Development Bank noted that Turkey was the only member of the Bank which produced tobacco and that its production was becoming less significant. It also reported that the Bank had been encouraging its staff to quit smoking and that it expected smoking to be eventually eliminated on the premises of the Bank's headquarters.

The Caribbean Community had adopted specific policy decisions to tackle the problems of drug and substance abuse. The Commonwealth Health Ministers discussed the topic of tobacco or health in their pre-World Health Assembly meeting in 1990 and their comments were later incorporated into the resolution adopted by the World Health Assembly of May 1992. The Ministers of Finance of the Cooperation Council of the Arab States of the Gulf at their 32nd meeting, held in November 1992, decided that all member countries should levy a 50% tariff rate or its equivalent on all types of tobacco and its derivatives. The Organization of African Unity indicated its willingness to cooperate in the implementation of the resolution.

The Arab Fund for Economic and Social Development, the Board of the Cartagena Agreement, the Latin American Economic System, and the OPEC Fund for International Development, indicated that their mandates did not include specific reference to tobacco.

Responses from nongovernmental organizations

Relevant nongovernmental organizations were contacted and replies from the following were received:

- American Cancer Society
- Action on Smoking or Health
- L'Association africaine d'Education pour le Développement
- Le Comité National français contre le Tabagisme
- European Bureau for Action on Smoking Prevention
- European Medical Association Smoking or Health
- International Committee of the Red Cross
- International Council on Alcohol and Addictions
- International Council of Jewish Women
- International Olympic Committee
- International Organization of Consumers Unions
- International Organization for Standardization
- International Society and Federation of Cardiology
- International Union against Cancer
- International Union against Tuberculosis and Lung Disease
- Non-Smokers' Rights Association
- Women's International League for Peace and Freedom
- World Conference on Tobacco or Health
- World Organization of the Scout Movement
- World Vision International

All of these organizations welcomed the adoption of the resolution and most of them showed a strong interest to further cooperate with the focal point. In their replies, they gave an account of their activities related to tobacco or health and gave information of their plans of work for the future.

Conclusion

No organization alone can hope to achieve the goal of a tobacco-free society. Multisectoral collaboration of a wide range of national and international organizations will be required to cope successfully with this complex issue. The United Nations focal point is an ideal mechanism for ensuring that this multisectoral approach takes place in a timely and effective way. The United Nations and its specialized agencies acting in concert with all concerned can do much to prevent the further spread of the tobacco epidemic. It is evident that the major task of the focal point is to coordinate action to this end. However, the capacity made available from within existing resources to carry out focal point and coordination functions will need to be complemented by additional resources to develop multisectoral approaches and strategies for tobacco control and render service to Member States at their request.

Preliminary information contained in the interim report of the Secretary-General of the United Nations to the 1994 substantive session of ECOSOC should make it possible to envisage new directions from ECOSOC concerning multisectoral collaboration on tobacco or health.

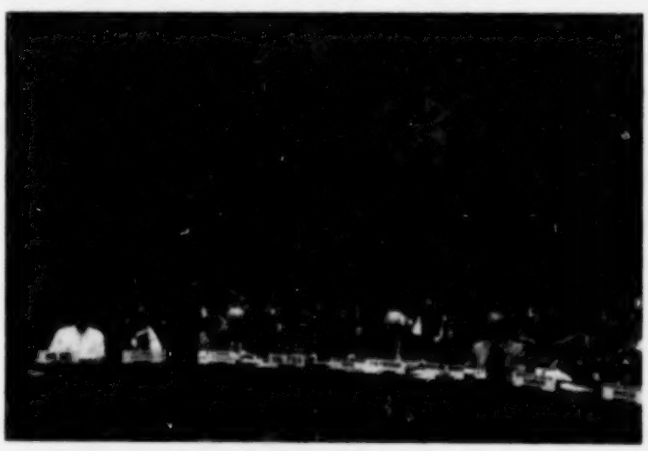
WORLD NO-TOBACCO DAY 1994

WORLD NO-TOBACCO DAY 1994 CEREMONY
WHO HEADQUARTERS, GENEVA

Extracts of a speech given by Mr RAUL URANGA, UNCTAD Senior Adviser and United Nations system focal point on tobacco or health

I take great pleasure on this first opportunity to participate in a World No-Tobacco Day ceremony in my capacity as focal point of the United Nations system on tobacco or health, a subject of major concern to health authorities throughout the world, in which WHO provided bold pioneering leadership since the early 1970s when the World Health Assembly expressed concern over the serious health effects of smoking. It is indeed a great privilege on this day to inform this meeting for the first time about the mobilization of the whole UN system in support of this WHO initiative. (See report of the UN Secretary-General on progress in the implementation of ECOSOC Resolution 1993/79, page 5)

For the last 20 years, WHO has been working hard towards a smoke-free society. However, confronted with the massive advertising campaigns developed by the tobacco industry all over the world, with financial outlays which surpass many times the budget of WHO itself, it has become clear that no single organization can hope to achieve these goals alone. Multisectoral collaboration of a wide range of national and international agencies will be required to cope successfully with this complex issue. The United Nations and its specialized agencies acting in concert with all concerned can do much to prevent the further spread of the tobacco epidemic, which has stabilized in the most advanced countries but which is spreading at an alarming rate in developing countries and those in transition.



Extracts of a speech given by Mr ALBERT RODRIK, Directeur de Cabinet au Département de l'Action sociale et de la Santé de la République et du Canton de Genève, representing Mr GUY-OLIVIER SEGOND, Président du Département

Geneva is deeply committed to the work of international organizations who have had their headquarters here for a long period of time or on a more recent basis. Regardless of their size, they are all part of Geneva's international profile and it is thanks to their work that the reputation of our small Canton has spread throughout the world. In fact, the population of Geneva should have a good insight into the work of these organizations and should work with them for the benefit of all.

Today, the World Health Organization is living proof of what is being done and illustrates that it is deeply committed and interested in the lives of the community. We are also grateful for the distinction given today to Dr Jean-Charles Rielle for the work of the Information Centre of the Association for the Prevention of Tobacco Use.

Since the end of the Second World War, Geneva has been dedicated to public health work with the very impressive development of facilities in the Canton. Unfortunately, the preventive aspect of this work came to the forefront at a later stage. However, as early as 1970, giving better attention to prevention activities had been highlighted by the authorities and again at the beginning of this decade by Mr Guy-Oliver Segond, Conseiller d'Etat. Prevention of tobacco use has, unfortunately, been the poor relation in this undertaking. Other problems such as drug addiction are at the forefront, but in recent years appropriate attention has been given to the control of tobacco use.

Tobacco use is a killer. Tobacco is diminishing our resources. It is a killer of human life and yet with a cynicism and a lack of civic spirit, we witness the use and abuse of this addiction. Authorities must realize that they are responsible for this state of affairs. We are not trying to be prohibitionists. We know that there are limitations in dealing with drug addiction but we also know that any healthy adult is capable of making the proper choices. The basic problem is the epiphytic and insidious invitation to smoking on which taxpayers' money is often spent. Public expenditure has to be devoted to conveying the basic message about the ill-effects of tobacco use.

The following are extracts from speeches made by some of the individuals and institutions awarded Tobacco or Health medals on the occasion of World No-Tobacco Day 1994 at WHO headquarters, Geneva

MR JAWAD SALEM AL ARAYYED, Minister of Health, Bahrain

This honour which I have just received, I would like to share with all the people of Bahrain: officials, NGOs, societies, teachers and the media, who have made our campaign successful. It was a difficult task which brought us up against large companies but we have achieved success.

I hope that in our lifetime, we will see a tobacco-free world and a healthy environment for everyone. This, however, requires the cooperation of all of us as demonstrated by the Ministry of Information in Bahrain, which banned all kinds of tobacco advertising, and the sports organizations which stopped all tobacco advertising, an action which costs them a great deal, and all the teachers and health educators who are helping us to educate the new generation about the harmful effects of smoking.

DR MARCOS FERNANDO DE OLIVEIRA MORAES, Director of Brazil's Instituto Nacional de Câncer

Brazil is the largest country in Latin America with a population of 146 million inhabitants distributed among 26 states and approximately 4000 cities. Since 1992, the Brazilian Cancer Insti-

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tute has embarked on a major tobacco control project to disseminate materials through specific channels, including health care agencies, worksites, schools, and media. Due to the large dimensions of the country with an area of 8 million km², the tobacco control programme has emphasized information diffusion and has simulated the decentralization of activities to those states and cities as a strategy to reach the whole country.

The development of tobacco control activities in Brazil has been a hard task. Only a few cities have provisions for tobacco control programmes in their budgets. Although a large number of Brazilians give up smoking each year, a similar number of young people adhere to the habit and, consequently, the smokers' population remains virtually constant. Tobacco companies maintain increased efforts to promote smoking. Their appeal to relate smoking to freedom, wealth, glamour, manhood, athletic power, and sexual attractiveness, is undermining public health efforts.

Brazil has approximately 30 million smokers above five years of age. Smoking among low-income people is proportionally higher in poor areas where about 30 000 children below ten years of age regularly smoke against 1400 of the same age in urban areas. Twenty-five per cent of pregnant women smoke during gestation. Twenty-five per cent of health professionals, especially physicians, are also smokers.

In spite all of these adverse factors, the Brazilian Cancer Institute continues its fight through a large number of activities. This year in Rio de Janeiro, the First Brazilian Congress on Tobacco was held by the Institute. The event gathered 500 activities from all over the country, Latin America and North America. I would like to take this opportunity to say adamantly that it has never been so important that all who are involved with cancer research and treatment, maintain a united front to take action to end the tobacco pandemic.

COMMODORE STEPHEN OBIMPEH, Minister of Health, Ghana, represented by Mr FRITZ POKU, Minister and Deputy Permanent Representative, Permanent Mission of Ghana, Geneva

The award which I have received today is an honour to my Government which I serve in the capacity of Minister of Health. It is also a fitting tribute to the individuals, groups, and institutions in Ghana who have, over the years, been relentlessly engaged in promoting the concept of a tobacco-free society in Ghana.

My Government is fully acquainted with the critical aspects of the ever-increasing tobacco problem. As a developing country with extremely scarce resources in a situation of competing priority needs of our people, tobacco-induced ailments are an avoidable drain on our national resources. We also recognize that tobacco-related health problems transcend national boundaries, hence the quest for solutions of a global dimension to them.

It is in this regard that my Government attaches great importance to the appropriate leadership role that the World Health Organization is playing in this matter. Through its institution of the annual World No-Tobacco Day and the invitation to governments all over the world to observe the Day, the World Health Organization has brought home to millions of tobacco users the health hazards associated with tobacco use. This awareness, as you all know, has consequently saved millions of lives.

In targeting the media as a very potent force through which to further orchestrate the no-tobacco campaign, I am convinced that there could not have been a better focal point for action in the campaign. On our part in Ghana, we shall be guided by the strategies designed in the WHO press kit for the Day to get the message to a broader spectrum of Ghanaian society. Indeed, in our national plan, we have:

1. Prepared briefs on the health implications of smoking for use as reference material for media practitioners and members of the press. It is hoped that this will enable them to inform the masses of the people about the hazards of smoking;
2. Made plans for discussions on the national radio and television on the theme of this year's celebration. Through these discussions, the crucial role that the press can play in educating Ghanians about smoking and its health consequences will be highlighted.

Health service personnel will use every available opportunity to educate members of various identifiable groups and the public at large about the need for a tobacco-free environment.

Already, many Ghanians have embraced the ideals of the anti-tobacco campaign. We are confident that this year's programme will take us closer to our objective of creating a tobacco-free nation.

On this optimistic note, let me conclude by wishing all of you a meaningful observance of World No-Tobacco Day, and to the World Health Organization and its leadership in particular, all the best in their endeavours. The task ahead is tremendous. We know the might of the multi-billion dollar tobacco industry which is not going to take our efforts to discourage tobacco use lying down. We should eternally remain vigilant to devious attempts by some elements within and without the industry to undermine the significance of the positive scientific findings related to the harmful effects of tobacco use. The media, I am sure, can prove equal to the task in drawing attention to the ills of tobacco use.

NEWS BRIEF

ADDICTIVE NATURE OF TOBACCO CONFIRMED

A US Federal advisory panel to the Food and Drug Administration found (2 August 1994) that nicotine was addictive and that it was the substance in cigarettes that caused addiction, and that it was the main reason people smoke cigarettes.

All panel members agreed that nicotine "is likely to lead to addiction in the typical smoker".

The panel's votes are a step in the FDA's investigation of whether to regulate nicotine as a drug and took the agency further than it has gone before in establishing control over nicotine. A negative vote by the committee could have ended the investigation. When the investigation is completed, the agency's commissioner, Dr David A. Kessler, must decide whether to regulate nicotine and how to do so.

ADDICTIVE NATURE OF NICOTINE[1]

The nicotine delivered by tobacco products is highly addictive, and its addictive properties have been widely studied and reported. As with any addictive substance, some people can break their addiction to nicotine. But most smokers are deprived of the choice to stop smoking simply because they cannot break this addiction to cigarettes.

This fact is of the utmost importance because a majority of adult smokers begin smoking as teenagers. About 40% of high school seniors who smoke regularly have tried to quit and failed.

Nicotine meets all the hallmarks of an addictive substance:

- firstly, compulsive use, often despite knowing the substance is harmful;
- secondly, a psychoactive effect, that is a direct chemical effect in the brain;
- thirdly, what researchers call reinforcing behaviour that conditions continued use.

In addition, withdrawal symptoms occur in many cigarette smokers who try to quit.

Despite the buzzwords used by the tobacco industry, what smokers are addicted to is not "rich aroma" or "pleasure" or "satisfaction". What they are addicted to is nicotine, pure and simple, because of its psychoactive effects and its drug dependence qualities. To smokers who know they are addicted, to those who have buried a loved one who was addicted, it is simply no longer credible to deny the highly addictive nature of nicotine.

[1] From: Statement on nicotine-containing cigarettes, by David A. Kessler, M.D., Commissioner of Food and Drugs. US House Sub-Committee on Health and the Environment, 25 March 1994.

CIGARETTES: A GATEWAY TO HARD DRUGS

Tobacco use is not only a direct health hazard, but it also has been recognized that the adolescent use of cigarettes is a gateway to other drugs, so called "hard drugs".

The Centre on Addiction and Substance Abuse at Columbia University derived the following data from the 1991 national household survey on drug abuse carried out by the National Institute of Drug Abuse in the United States.

(Editor's note: These findings do not necessarily apply to other populations.)

Use of drugs and illicit substances among smokers and nonsmokers aged 12 to 17

	Use among nonsmokers	Use among all smokers	Use among heavy smokers*
	%	%	%
Heroine	0.1	1.2	5.1
Cocaine	0.3	15.4	31.7
Crack	0.1	5.7	11.1
Marijuana	2.5	57.5	68.2
Any illicit substance**	7.2	67.7	78.9

* Smoke more than one pack a day.

** Includes marijuana, cocaine, crack, heroin, PCP, hallucinogens and, except for medical use, inhalants, sedatives, tranquilizers, stimulants, analgesics and steroids.

NEWS BRIEF

CIGARETTE MANUFACTURERS SET THEIR SIGHTS ON THE YOUNG

One of the arguments advanced by cigarette manufacturers is that advertising does not aim to recruit new smokers among young but simply to alter the tastes of confirmed smokers. This at least was the argument advanced in Switzerland in November 1993 before the country voted on the prohibition of tobacco advertising. Possibly swayed by these protestations of innocence, the Swiss people finally decided not to ban advertising. It, therefore, came as a particular shock when one of the major manufacturers, whose famous cowboy has just died from lung cancer, launched a campaign that was officially presented as a survey of opinion among young people between the ages of 18 and 29. Thousands of young people received three packets of a new brand of cigarette accompanied by a questionnaire to be returned on the taste of the new product ... Those concerned with smoking control in Switzerland were consumed with indignation at the hypocrisy and arrogance of this manufacturer who did not hesitate to act in direct contradiction to the bland reassurances given earlier in order to avoid a ban on advertising. The legality of this move has just been questioned by some, as there is a law prohibiting the free distribution of any type of tobacco articles to minors, and the age of majority is set by the Swiss Civil code at 20 completed years (i.e. 21). More will no doubt be heard in Switzerland of this particularly aggressive advertising campaign.

LEGISLATION

SOME HIGHLIGHTS OF RECENT "TOBACCO OR HEALTH" LEGISLATION

WHO's Health Legislation Unit continues its efforts to systematically monitor and report on national and subnational developments in anti-smoking legislation, and in this article we present some of the developments that have come to the Unit's attention during the last few months. Many of the items reported here have been, or will eventually be, reported in the WHO quarterly journal, the *International Digest of Health Legislation*.

Comprehensive statutes

In **Mongolia**, a "Law on the struggle against the hazards of tobacco" was enacted in January 1994, its objectives being to protect the population against the hazards associated with tobacco, the determination of the responsibilities of economic entities, organizations, families, and citizens in efforts to combat tobacco consumption, and the specification of requirements governing the manufacture and sale of tobacco. In **Iceland**, a law for preventing the use of tobacco is likely to be adopted by the Althing shortly. Its objective is stated to be "to reduce the consumption of tobacco and thereby the damage it causes to health, and to protect persons against pollution caused by tobacco smoke". The Bill proclaims "the right of every individual not to have to inhale air polluted by tobacco smoke caused by others". 0.3% of the revenue from gross tobacco sales is to be spent on tobacco prevention activities, and the Ministry of Education, in consultation with the Ministry of Health and Social Security, is to arrange for regular instruction (in schools and in the media) designed to reduce tobacco consumption.

Smoking in public places

In **Australia** (Australian Capital Territory (ACT)), a 1993 Bill aims at providing a basis "for protecting the health of ACT citizens, including people who choose not to smoke, young children who may have little choice about where they go, and people who are moderate or social smokers whose health risk is increased by exposure to ETS [environmental tobacco smoke]". In **Canada** (Ontario), a 1993 Bill concerning the provision of tobacco to young persons and its sale and use by others prohibits smoking in, *inter alia*, hospital establishments (both public and private), educational establishments, amusement arcades, the common areas of enclosed shopping malls, self-service laundries, and hairdressing establishments.

A Law on the environment promulgated in **Egypt** in January 1994 includes provisions designed to control smoking in enclosed public places and in public transport.

Smoking in the workplace

In **Belgium**, a Crown Order issued in March 1993 requires employers to establish the conditions under which persons may smoke in the workplace during working hours, rest periods and mealtimes; these measures are to take into account the "reciprocal expectations of smokers and non-smokers", and are based on reciprocal tolerance, respect for individual liberty, and courtesy.

Restrictions on advertising of tobacco products

Zambia issued Regulations in 1992 prohibiting, *inter alia*, the giving of "cigarettes, cigars or any other kind or form of tobacco as a prize in a lottery, raffle, game, draw or competition". In **Botswana**, a 1992 Act lays down, subject to certain provisions, that "no person shall publish, or arrange for any other person to publish any tobacco advertisement in Botswana".

In **Singapore**, a 1993 Act which repeals earlier legislation on tobacco advertising and which is yet to come into operation, imposes a general ban on advertisements relating to smoking. However, under certain conditions, advertisements referring to the brand name associated with or the name or trade name of a person associated or concerned with the manufacture, distribution, or marketing of a tobacco product (e.g. the sponsor of an event) may be approved, provided that such advertisements do not "directly or indirectly, lead to, induce, urge, promote or encourage the use of any tobacco product for the purpose of smoking".

Cautionary warnings in advertisements and/or labelling of tobacco products

A Decree-Law issued in **Portugal** in August 1990 to amend earlier legislation on smoking control lays down, *inter alia*, that all packages of cigarettes intended for domestic consumption are to display: warnings to the consumer concerning the harmful effects of tobacco and dissuading him from consumption; the contents of nicotine and condensate or tar; and the category of various contents (classified as low, medium, or high).

In **South Africa**, the Tobacco Products Control Act, 1993, has been enacted and, on 3 June 1994, the Minister of Health announced proposed regulations on the labelling, advertising, and sale of tobacco products. These regulations would, in particular, require the following warnings to appear in packages and advertisements: "DANGER: SMOKING CAN KILL YOU"; "DANGER: SMOKING CAUSES CANCER"; "DANGER: SMOKING CAUSES HEART DISEASES"; "SMOKING DAMAGES YOUR LUNGS"; "PREGNANT? BREAST FEEDING? YOUR SMOKING CAN HARM YOUR BABY"; "STOP SMOKING TO STAY FIT AND HEALTHY"; and "SAVE MONEY: STOP SMOKING".

In **Canada** (New Brunswick), a Regulation filed in May 1994 under the Tobacco Sales Act of 1993 requires the following warnings, *inter alia*, to appear: "TOBACCO CAN KILL YOU"; and "Secondhand smoke can cause lung cancer in nonsmokers".

A **French** Law of January 1994 on public health and social welfare provides for the insertion in the Public Health Code of a subsection to the effect that all packaging of tobacco and tobacco products is to display a specific health warning.

Similarly, in **Lithuania**, a Decree of June 1993 requires tobacco products to display the following warning: "Warning of the Ministry of Health: Smoking is harmful to your health".

Smokeless tobacco

The above-mentioned French Law also provides for the insertion in the Public Health Code of a new Article prohibiting the "manufacture, sale, distribution, or supply free of charge of products intended for oral use ... with the exception of those intended to be smoked or chewed, consisting totally or partially of tobacco, in the form of powder, fine particles, or any combinations of such forms, particularly those presented in sachet portions or in porous sachets, or in a form suggesting a food".

IARC

WOMEN AND TOBACCO: THE NEED TO REMAIN VIGILANT

Almost two years after the WHO publication on women and tobacco which, in particular, made clear the tendency towards converging prevalences of smokers among women and men, with "equality" being almost achieved in some so-called developed countries, the members of the pro-tobacco groups keep on targeting women with aggressive direct and indirect advertising. In countries where by law advertising in favour of tobacco products has been forbidden, other tactics are being used. Last May, the issue of the French "Revue des Tabacs" (International tobacco review) was devoted to women and tobacco stating on the cover page: "They have conquered the right to vote, but also the right to smoke". In the editorial, it was written "regarding women smokers, those who try to forbid them to smoke by making them feel guilty towards their sacred function, will need to understand that denying to women only one of the rights they have managed to acquire corresponds to denying them all their rights". The journalists remind that Hitler was opposed to cigarette smoking by German mothers, but does that imply that all those who are doing their best to prevent women from smoking are Nazis?

It is crucial for all those concerned, and in particular for women themselves to clearly separate the fight for women's rights from the dependency from tobacco. All women should strive to ensure equal access to work, equal opportunities and salaries, as well as reproductive and sexual freedom. They must be ever more active in all aspects of public life, including politics and economics. But these rights do not include the right to be killed by tobacco products. This is especially clear with regards to the risks linked to passive smoking, particularly in countries where few women currently use tobacco but are often exposed to the smoke of the men living around them. And the same applies to risks linked to active smoking. Freedom is hardly a choice when the substance being used has clearly recognised addictive properties and furthermore when the first attempts at using the product occur at an ever earlier age, in between the so called "age of wisdom" and the teenage years. It is the responsibility of all concerned, women and men, doctors, health educators and legislators, to understand and make understood the notion of real freedom: the liberty of getting rid of tobacco. Together, we can and must win!

NEWS BRIEF

SMOKE-FREE LONG DISTANCE FLIGHTS: HEALTHY EMULATION

Smoke-free flights are gaining ground and airline companies are now competing in their initiatives in this field. Although bans on smoking have mainly applied to short-haul flights so far, the number of smoke-free long-haul flights is increasing daily, in response to growing demand from passengers. Thus Singapore Airlines is now offering smoke-free flights from the United Kingdom to Australia and from Singapore to the United States of America. All Singapore Airlines services between Singapore and the west coast of the United States, and between Singapore and Seoul, except those linked to Vancouver, have become non-smoking flights with effect from 1 July 1994. Having first introduced no-smoking flights on its shuttle service between Singapore and Kuala Lumpur, the company has progressively extended the smoke-free policy to other routes in response to positive feedback from passengers. Further measures of this kind are scheduled to be introduced before the end of the year.

VIDEO

THE MEDIA AND TOBACCO: GETTING THE HEALTH MESSAGE ACROSS

Media publicity about the dangers of smoking has probably influenced more people to quit smoking than any other single factor. The media's ability to reach large numbers of people quickly and at low cost also makes it an indispensable tool for reaching the community with messages about other crucial tobacco-related issues.

This lively new video presents information that can help tobacco control advocates learn how to use the media to maximum effect. The production focuses on national no-smoking day in Great Britain, supported by examples drawn from other parts of the world, to highlight the positive and varied ways in which tobacco control advocates are collaborating with the media – and getting their messages across.

Throughout the video, no-tobacco campaigners, journalists, graphic designers and other media professionals, provide important tips and advice on a range of key activities. Viewers learn how to organize media campaigns at the national and local level, develop successful campaign materials, establish relationships with journalists, and use the media to build community support for tobacco control measures.

Produced in collaboration with the British Health Education Authority, the video will serve as a valuable training resource for all no-tobacco advocates interested in using the media to bring their messages to public attention.

This video is available as a VHS cassette in English and French. Price: Sw.fr. 40.–/US $36.00, including postage and handling. Developing countries: Sw.fr. 28.–. An order form may be obtained from WHO Distribution and Sales, 1211 Geneva 27, Switzerland. Tel: (41 22) 791 24 76 Fax: (41 22) 788 04 01

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